	
CT OF TEXAS P.O.Box ision)	PROOF OF CLAIM
Case Number	
00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-21876 Creditor ID#:
	United States Bankruptcy Court Southern District of Texas
anyone else a filed a proof of claim relating to your claim. Attach copy of statement	JUL 0 7 2000
Check box if you have never received any notices from the bankruptcy court in this case Check box if the address	Michael N. Milby, Clerk
differs from the address on the envelope sent to you by the court.	
Check here replaces if this claim amends a prev	iously filed claim, dated:
Wages, salaries, and compensation Your SS#: Unpaid compensation for services	n (Fill out below) performed
3. If court judgment, date of	tained:
te Item 5 or 6 below. on to the principal amount of the claim.	Attach itemized statement of all interest or
Check this box if you have an a Amount entitled to priority \$ Specify the priority of the claim Wages, salaries, or commissions (up to the bankruptcy petition or cessation of to U.S.C. § 507(a)(3)	unsecured priority claim 1: \$4,300)," eamed within 90 days before filing of the debtor's business, whichever is earlier - 11
 Up to \$1,950* of deposits toward purch personal, family, or household use - 11 Alimony, maintenance, or support owed 507(a)(7). Taxes or penalties owed to government Other - Specify applicable paragraph of *Amounts are subject to adjustment on 4/1/4 	ase, lease, or rental of property or services for U.S.C. § 507(a)(6). It to a spouse, former spouse, or child - 11 U.S.C. tal units - 11 U.S.C. § 507(a)(8). If 11 U.S.C. § 507(a). If 13 U.S.C. § 507(a).
aducted for n as promissory tracts, of lien. ur claim,	This Space Is for Court Use Only
ner person authorized to file this claim	678
00 or imprisonment for up to 5 years, or both.	18 U.S.C. §§ 152 and 3571.
	Case Number 00-35078-H2-11 00-35080-H2-11 Check box if you are aware that anyone else a filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case Check box if the address on the envelope sent to you by the court. Check here replaces if this claim amends a previous salaries, and compensation for services from to (date) 3. If court judgment, date observed the principal amount of the claim. Check this box if you have an anyone the principal amount of the claim. Check this box if you have an anyone the principal amount of the claim. Check this box if you have an anyone the principal amount of the claim. Check this box if you have an anyone the principal amount of the claim. Check this box if you have an anyone the principal amount of the claim. Check this box if you have an anyone the principal amount of the claim. Check this box if you have anyone to the bankruptcy petition or cessation of the bankru